



Region X
Family Planning Technical
Assistance
Request Form FY2002

Date of Request: 11/21/01

Family Planning WA State DOH/IDRH/FPRH

Grantee:

Recipient

Mt. Baker Planned Parenthood

Agency:

Site

2300 James Street, Suite 207 Bellingham, WA 98225

Address:

Contact

Susan Edgar

Person:

Phon (360) 734-9007

Fax (360) 647-7453

Email Susan.edgar@mbpp.org

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Estimated Number of days required:

6

Desired start date: Decmeber 10, 01

Have you identified a preferred consultant?

Yes

If yes, please provide the following information:

Consultant's

Chris Knutson

Name:

Addres Alaska DHSS, Div. Of Public Health, MCFH Section 3601 C Street, Suite 934 Anchorage, AK

s: 99524-0249

Phone: (907) 269-

Fax (907) 269-3432

Email Chris_knutson@health.state.ak.us

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Has this need been addressed in the past?

No

If yes, what methods were used to address the need?

What were the results:

How was this need identified?

Do you plan any follow-up? TBD

Description of Technical Assistance Request (use additional paper if necessary)

- 1. Describe the assistance needed and its relationship to the project's current goals and objectives (or other justification).** This relates to FPRH's goal #5, Objective 5.1 (see page 31 of CY 2000 Title X Grant Application). The Consultant will conduct a comprehensive clinical review of Mt. Baker Planned Parenthood to ensure compliance with State and Federal Title X rules, regulations, and guidelines.
- 2. List the tasks to be done & the desired outcome(s). Please be specific.**
 - THE CONSULTANT WILL REVIEW MT. BAKER PLANNED PARENTHOOD'S CLINIC MANAGEMENT SYSTEM
 - The Consultant will also provide a written report to FPRH within 15 days of the on-site review.

Regional Program Consultant Approval _____ Date: _____

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FOR OFFICE USE ONLY

Log

CONSULTANT SOCIAL
SECURITY #: _____

CONSULTANT FEE

Fee per day: _____

\$ _____

Prep days: _____

Delivery days: _____

Follow-up days: _____

Total number of days approved: _____

PER DIEM

of days

allowed: _____

Per diem rate: \$ _____

CONSULTANT TRAVEL

☐ Fly

☐ Train

☐ Drive

TS Coordinator: _____ Date: _____